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09/28/01

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	COMP:0240 P01-3649	Total Pages	45
	First Named Inventor or Application Identifier			
	Phillip M. Jones et al.			
	Express Mail Label No.	EL 827 072 484 US		

JC971 U.S. PTO
09/28/01

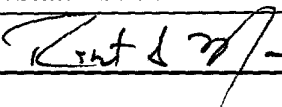
09/28/01

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification Total Pages 26 (preferred arrangement set forth below) -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (where there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other PTO-2038 (Credit card Payment Form)	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 3 Total Pages 9 4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: / 18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
NAME Michael G. Fletcher Fletcher, Yoder & Van Someren ADDRESS P.O. Box 692289 CITY Houston STATE Texas ZIP CODE 77269-2289 COUNTRY USA TELEPHONE (281) 970-4545 Fax (281) 970-4503			

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FEE TRANSMITTAL		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Phillip M. Jones et al.
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
TOTAL AMOUNT OF PAYMENT	(\$) 848.00	Attorney Docket Number	COMP:0240/FLE (P01-3649)

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																															
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 06-1315/COMP:0240/FLE Deposit Account Name Fletcher, Yoder & Van Someren <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)		3. ADDITIONAL FEES																																																																																																																																																																															
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Robert A. Manware	Reg. Number	48,758
Signature		Date	09/28/01
		Deposit Acct. User ID	06-1315 - COMP:0240/FLE (P01-3649)